⊂ Sir:

Transmitted herewith for filing is the Patent Application of:

Inventors:

Rabindranath Dutta, Kumar Ravi

For:

Method for Controlling Access to Medical Information

Assignee Name: International Business Machines Corporation

Assignee Residence: Armonk, New York

Enclosed are:

16 Pages of Patent Specification including an Abstract

___5_ Pages of Claims

9 Sheet(s) of drawings. X Informal Formal

X Declaration(s) and Power of Attorney

Form PTO 1595 and Assignment of the Invention to IBM Corporation

A certified copy of a ____ application.

Information Disclosure Statement, PTO 1449 and copies of 8 references.

The filing fee has been calculated as shown below:

For	Number Filed	Number Extra	Rate	Fee	
Basic Fee					\$ 710.00
Total Claims	27 - 20	7	x 18 =		\$ 126.00
Indep. Claims	3 - 3	0	x _80 =		\$ 0.00
MULTIPLE DEPENDENT CLAIM PRESENTED x 2			x 270 =		\$ 0.00
				TOTAL	\$ 836.00

- X Please charge my Deposit Account No. 09-0447 in the amount of \$836.00. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <u>09-0447</u>. A duplicate copy of this sheet is enclosed.
 - X Any additional filing fees required under 37 CFR 1.16.
 - X Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

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